

auditory affection being on the left side. He fell with such violence as to knock down a friend who was on his right side. In other attacks, objects seemed to move from the right, although he did not fall. One severe paroxysm was excited by a hearty meal after long fasting. The paper concluded with some remarks on the diagnosis of the severer paroxysms from slight apoplectic seizures and from attacks of *petit mal*.

ELECTRO-CUTANEOUS SENSIBILITY IN RHEUMATISM.—Belin, *Protokoll d. ges. russ. Aerzte in Moskow*, No. 13, 1875, (Abstr. in *St. Petersb. Med. Wochenschr.*) May 15 (27), 1876. It had been noticed for some time by the author that in articular rheumatism the electric sensibility of the affected parts was diminished, and his attention was especially directed to the fact by the publication of the same observation by Drosdorff (*Centralbl.*, Apr. 1875) as noticed in Prof. Botkin's clinic. Hence he investigated over fifty cases in relation to this point, and came to the following conclusions:

In acute articular rheumatism, the electro-cutaneous sensibility in the affected joints is diminished, the degree of diminution varying with the severity of the affection; in most cases this symptom indeed precedes that of pain.

In muscular rheumatism and rheumatic inflammation (?) the same phenomena are met with, but not invariably in chronic cases of muscular rheumatism:

The author found relief of the pain following for five to eight hours the use of the induction current. He thinks the explanation of this decrease of electric sensibility may be found in the negative variation of the current, from the analogy of the observation, that the electric nerve current is diminished by increase of the vital processes (inflammation).

THE EFFECTS OF PERIPHERAL LESIONS ON THE CONVOLUTIONS OF THE BRAIN.—M. Luys, at the session of the Soc. de Biologie, July 8, (rep. in *Le Progrès Médical*) gave an account of some observations made by himself on the effects of certain peripheral lesions on the conformation of the cerebral convolutions. He had observed from cases tending to prove that when the sensibility of a region was suppressed for a long period, it produced resorptions of tissue in the brain; and in certain definite points.

In the first case, a woman who died twenty years after having undergone amputation of the right limb, M. Luys found a notable atrophy of the left ascending frontal convolution. The atrophic process had even extended as far as the corresponding region on the right side, by way of the commissural fibres of the corpus callosum.

In a woman who had been absolutely deaf for forty years, M. Luys found, besides atrophy of the acoustic and glosso-pharyngeal nerves, a very abnormal arrangement at the horizon of the ascending convolutions. The fissure of Rolando was filled at one point, by a kind of bridge of brain substance, thrown across between the convolutions.

The third case was a woman amaurotic for twelve years. At the level of the two first frontals, there were little superficial ulcerations of the cerebral substance. Lastly in a woman aged twenty-nine, who had been unable to move on account of chronic rheumatism, M. Luys observed a very well-marked deformity of the folds of the ascending parietal.

## THE RAPIDITY OF TRANSMISSION OF SENSORY IMPRESSIONS IN ATAXICS.

—M. Richet communicated to the Soc. de Biologie, June 17, (rep. in *Le Progrès Médical*) the researches he had been making on the quickness of sensibility in ataxics. It has been demonstrated, that as in the normal state the delay in perception of an impression is the greater, the farther it is received from the centres. Thus one second was required to transmit an impression from the leg in one case, and one and four-tenths seconds from the toes. Moreover, contrary to the rule in healthy persons, the intensity of the excitation modified the quickness of perception; in fact the stronger the electric current used by M. Richet, the less pronounced was the delay in perception. These facts agree with the laws of the reflexes laid down by Rosenthal.

VISUAL TROUBLES CONNECTED WITH APHASIA.—Galezowski, *Archives Gén. de Médecine*, June, 1876, discusses the ocular troubles met with in some cases of aphasia. He finds that sometimes the patients are unable to distinguish letters while their vision is sufficient for ordinary progression. The characteristics of this amblyopia are as follows:

1. The patients can go about, and their vision of objects at a distance is not in any degree altered.
2. The visual acuteness, in appearance, is very sensibly diminished and the patient cannot read the largest type. But if we carefully examine the nature of their amblyopia, we find that their disorder is like nothing that we meet with in other affections. At one time they cannot recognize even the largest printed characters, while at others they distinguish the smaller ones, or, again, they recognize one or two words and pervert the sense of those that follow. They confound the letters with each other. Thus we perceive that their sight is not defective, but the intelligence and memory of the words they should pronounce.
3. The fatigue of the eyes is excessive, and the least usage of the sight is followed by *malaise*, headaches and vertigo.
4. The ophthalmoscopic examination of the eyes, and also the inspection of the external membranes of the organs shows no lesion. Nevertheless, in one patient, I found the pupils unequal.
5. Perversion of the chromatic faculty or daltonism, is also met with in aphasics; it is not the result of any alteration of the organs of sight, but is caused, like the weakening of the visual acuteness, by amnesia. Aphasic patients confound all the colors, red appears to them green or blue; blue seems black or gray. This partial color blindness is only apparent, the eye distinguishes, in reality, all the colors, but memory fails to recall their names, the patient sees them well enough but cannot name them.

This symptom is very characteristic of the disease, but its diagnosis is very difficult, and it may even be confounded with true daltonism unless proper attention is given to all the details in settling the question. It is possible also to confound the affection with incipient atrophy of the optic papilla, in which we also meet with true color blindness.

Hemioptia (homonymous) connected with aphasia has been met with